

**Declaration and Power of Attorney
Under Patent Cooperation Treaty
35 USC §371(c)(4)**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are named below) of the invention entitled:

ORGANIC ELECTROLUMINESCENT DEVICE MATERIAL AND ORGANIC ELECTROLUMINESCENT DEVICE USING SAME
described and claimed in the international application number PCT/JP2003/015874 filed December 11, 2003 and as amended on _____ (if any), the specification and claims of which I have reviewed and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

Japanese Patent Application No. 2002-360134 filed on December 12, 2002


The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the patent office:

Roger W. Parkhurst, Reg. No. 25,177 and/or Charles A. Wendel, Reg. No. 24,453.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO:

**PARKHURST & WENDEL, L.L.P.
1421 PRINCE STREET, SUITE 210
ALEXANDRIA, VIRGINIA 22314-2805
TELEPHONE (703) 739-0220.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3.	Full Name of Sole or First Inventor	<u>Toshihiro</u>	<u>IWAKUMA</u>
		Given Name	Middle Initial
			Family Name
*4.	Inventor's Signature		
*5.	Date of Signature	<u>May</u>	<u>2</u>
		Month	Day
			Year
6.	Residence	<u>Chiba</u>	<u>Japan</u>
		City	State or Province
			Country
7.	Citizenship	<u>Japan</u>	
8.	Post Office address (Insert complete mailing address, including country)	<u>1280, Kamiizumi, Sodegaura-shi, Chiba, Japan</u>	

* Note to the Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5. If there is more than one inventor, complete page 2, place "X" here [].

3. Full Name of additional Inventor Seiji TOMITA
Given Name Middle Initial Family Name
*4. Inventor's Signature Seiji Tomita
*5. Date of Signature May 2 2005
Month Day Year
6. Residence Chiba Japan
City State or Province Country
7. Citizenship Japan
8. Post Office address 1280, Kamiizumi, Sodegaura-shi, Chiba, Japan
(Insert complete mailing address, including country)

* * * * *

3. Full Name of additional Inventor Takashi ARAKANE
Given Name Middle Initial Family Name
*4. Inventor's Signature Takashi Arakane
*5. Date of Signature May 2 2005
Month Day Year
6. Residence Chiba Japan
City State or Province Country
7. Citizenship Japan
8. Post Office address 1280, Kamiizumi, Sodegaura-shi, Chiba, Japan
(Insert complete mailing address, including country)

* * * * *

3. Full Name of additional Inventor _____
Given Name Middle Initial Family Name
*4. Inventor's Signature _____
*5. Date of Signature _____
Month Day Year
6. Residence _____
City State or Province Country
7. Citizenship _____
8. Post Office address _____
(Insert complete mailing address, including country)